



Washington State Department of
Early Learning

FAMILY HOME
CHILD CARE
**PROVIDER/
ASSISTANT
RESUME**

☐ Provider

☐ Assistant

If you are an assistant, give the provider's name below:

PROVIDER'S LAST NAME

FIRST NAME

TELEPHONE NUMBER

| | | |
|---|-----------------------|---|
| NAME | TELEPHONE NUMBER | ARE YOU 18 YEARS OR OLDER? |
| ADDRESS | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMPLOYMENT HISTORY | | |
| Start with your present/last position. | | |
| PRESENT OR LAST EMPLOYER TELEPHONE NUMBER (INCLUDE AREA CODE) | FROM (MONTH AND YEAR) | |
| ADDRESS | TO (MONTH AND YEAR) | |
| DESCRIBE THE TYPE OF WORK YOU DID | TOTAL TIME EMPLOYED | |
| | HOURS PER WEEK | |
| PRESENT OR LAST EMPLOYER TELEPHONE NUMBER (INCLUDE AREA CODE) | FROM (MONTH AND YEAR) | |
| ADDRESS | TO (MONTH AND YEAR) | |
| DESCRIBE THE TYPE OF WORK YOU DID | TOTAL TIME EMPLOYED | |
| | HOURS PER WEEK | |
| PRESENT OR LAST EMPLOYER TELEPHONE NUMBER (INCLUDE AREA CODE) | FROM (MONTH AND YEAR) | |
| ADDRESS | TO (MONTH AND YEAR) | |
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| ADDRESS | TO (MONTH AND YEAR) | |
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| | HOURS PER WEEK | |
| PRESENT OR LAST EMPLOYER TELEPHONE NUMBER (INCLUDE AREA CODE) | FROM (MONTH AND YEAR) | |
| ADDRESS | TO (MONTH AND YEAR) | |
| DESCRIBE THE TYPE OF WORK YOU DID | TOTAL TIME EMPLOYED | |
| | HOURS PER WEEK | |

EXPERIENCE

Have you worked with children in the past for pay or as a volunteer? ☐ Yes ☐ No

If yes, describe any experiences you feel were valuable. Include any other volunteer work you have done.

TRAINING

Have you had any training that will be helpful? Check any of the following areas you have been trained in and, when required, provide dates.

☐ First Aid _____
DATE

☐ Nutrition

☐ Business skills

☐ CPR _____
DATE

☐ Nursing

☐ Working with special needs children

☐ First Aid _____
DATE

☐ Counseling

☐ Teaching _____
DATE GRADES

☐ Psychology

☐ Early childhood development

☐ Other (specify):

Details:

SPECIAL SKILLS

Do you have special skills that will be helpful?

☐ Music ☐ Dance ☐ Drama ☐ Behavior management

☐ Story telling ☐ Art ☐ Puppetry ☐ Other (specify):

Details:

EDUCATION

Are you a high school graduate or do you have a General Education Development (GED)? ☐ Yes ☐ No

If no, check the highest grade you completed:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Education after high school:

| SCHOOL NAME | DATES ATTENDED | GRADUATED | DEGREE/ YEAR | MAJOR SUBJECTS |
|-------------|----------------|-----------|-----------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SIGNATURE

DATE